Form

North Dakota Office of State Tax Commissioner



## ND-1EF Declaration for Electronic Filing 2005 of Form ND-1

XXX-XX-XXXX	XXX-XX-XXXX	atio	ion Control Number (DCN)								
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Part I:	1. Adjusted gross income (from line D, Form ND-1)					1					_
Tax Return	2. Net tax liability (from line 27, Form ND-1)										
Information (Whole dollars only)	3. North Dakota income tax withheld (from line 28, Form ND	· 1									
(miles deliare emg)	4. Refund (from line 35, Form ND-1).										
	5. Balance due (from line 39, Form ND-1) Submit with Form	ND-1V		• • • •		5					_
Part II:	Name of financial institution and branch name, if applicable										_
Direct	Routing transit number (RTN)										
Deposit Information	Depositor account number (DAN)										
mormation	Type of account Savings Checking										
Part III:	I declare the amounts above agree with the amounts reported										
Taxpayer	declare that the information submitted on my 2005 income tacknowledge and belief. I consent that my return, including this										
Declaration	Commissioner by the originator named below. I understand to										
	retransmitted to the Office of State Tax Commissioner. I auth									to the	
	originator whether my electronic filing has been accepted or	rejected and	l, if nec	essary	, the re	eason	s for 1	ejectio	n.		
	Vour signature Spanse's s	ionature					Т	)ate			1
	Your signature Spouse's s	ignature					I	ate			
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Part IV:		gnature					I	Date			
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DO NOT MAIL! RETAIN IN YOUR FILE.